

## DEKALB COUNTY GOVERNMENT

Human Resources Department 1300 Commerce Drive, Suite 100 Decatur, Georgia 30030

## **Employment Application** for:

**Temporary Employment** 

DeKalb County Government is an Equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion, Sexual Orientation or Physical/Mental Disability (except where physical/mental requirements constitute a bona fide occupational qualification).

Name:							Soc. Sec. No.:				
(La Address:	st)		(First)			(Middle Initial)					
	mber, Street, and Bui	ding Num	ber)	(Cit	ty)		(County)	(State)		(Zip Co	de)
Daytime Teleph	one ( )		Evening <sup>-</sup>	Telephone: (	)		E-mail Address:				
				• •							
Have you ev	er been employe	d with	Last Dates of E	mployment: (fr	om)	t	to				
	County Governme										
	☐ Yes ☐ No			-		ounty					
Are you at leas	st 18 years of age			Yes □ No							
-	g to accept tempo		plovment?	Yes 🗌 No							
•	en of the United	•	_	Yes 🗌 No	If no,	are you legally a	authorized to w	ork in the U	ſ.S.? □	Yes 🗌	No
	re required to prov		of identity and a	uthorization of							
EDUCAT	TION AND TR	AININ	$\mathbf{G}$								
Are you a high	school graduate?	? _ \	∕es □ No	If you are	not a higl	h school graduat	te, do you have	a GED?	□ Yes	□No	
If you have no	High School Diplo	oma or C	G.E.D., how ma	any years of	school di	d you complete	(circle one)? 1	2 3 4 5	6 7	8 9 10	) 11 12
High School N	ame										
or GED Institut	ion:					cation (City/State					
College/U	niversity Name and	Location	Number Comp	leted	ree Earne	(AA, BA, MS, e		Major Cou	urse of St	iudy	
			1 2	\ \ \ \ \ \	∕es □ No	0					
List other traini	ng:										
EMPLOY	MENT HISTO	ORV (1	ist vour post om	unlovore eterti	ing with t	ho most recent inc	aludina military o	vnorionao)			
From (Date): To (Date):		ORY (List your past employers, starting with the Employer/Organization				Supervisor Name and Phone #					
						_		(	)	-	
Job Title		Addres	s								
Reason for leaving		Describe Duties									
From (Date):	To (Date):	Funda	ver/Organizati			Cum amui aan N	ame and Phone	.#			
From (Date).	10 (Date).	Employ	er/Organizati	OII		Supervisor N	ame and r none	(	)	_	_
Job Title		Address									
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Reason for leaving D		Describe Duties									
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	<b></b>		10 1 11			Ta	1.70	,,			
From (Date):	To (Date):	Employ	yer/Organizati	on		Supervisor Na	ame and Phone	,	)	_	
Job Title		Addres						(			
oon tille		Addres	ci.								
Reason for lea	ving	Describ	e Duties								
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			GENEI	RAL BACKG	ROUNI	D			
Do you have any relatives employ DeKalb County Government?		Relative's Nam	ne:			Relation	ship:	Departme	nt where employed:
□ Yes □ No									
Have you ever been in the U.S. military?			Dates of Service: Entered: Discharged:				Type of Dis	charge (hor	norable, general, etc)
□ YES □ NO			Dischar	gea:					
Have you ever been fired or force	ced to re	esign by an en	nployer?	☐ Yes ☐ No	If yes	s, provide	letails in spa	ace below.	
Pleas, convictions, etc. Have you ever been convicted of	of a arin	ma against tha	low (oth	or then a minor	troffic v	riolation)	ur hava nana	ling aborgo	2 □ Vas □ Na
If yes, please provide the follow				ei uian a mimoi	uaine v	(Ioiation)	n nave penc	illig Charges	!   Tes   No
Conviction type (Felony / Misdemea	_					Offer	ise:		
						Offense:			
Note: Danding sharges and/or con-							se:		
Note: Pending charges and/or conv Do you advocate, or have you ev							f any organ	zation that	advocated the over-
hrow of the government of the U				-					
f yes, provide details in space be		states, the Stat	e or deor	gia of any pond	cai subu	iivisioii tiic	reor by forc	e or violenc	e: LIES LINO
Driver License Information. (Ple	ease co	mplete this se	ction only	if applying for a	oosition t	that require	s operating	a vehicle or e	equipment.)
Do you have a valid driver's license? What St			ate? Type/Class Drive			er's license no.			Date of expiration:
_ 100 _ 110									
			and Phone #	or your c	quammean	nis for the p	Business or Occupation		
mergency Contact Name & A	ddroc	c							
mergency Contact Name & A				Re	lation _				
	CERTI	FICATION AN	D AUTHO	ORIZATION FOR					
certify that the information									ge, knowing that
ny false information, misrep employed, my employment te			cealmen	nt of fact is suf	ficient	grounds	for my app	lication to	be rejected or, if
understand and agree that a	all info	rmation fur	nished ir	n this applicat	ion may	v be verif	ied by the	County, I i	inderstand that I
nay be removed from consider									
nformation on me which is co	onside	red disquali	fying. I h	nereby author	ize all i	ndividual	s and orga	nizations r	named or referred
o in this application and any									
o my employment, education									
ny liability for any claim or uthorized agents to gather ar									
and/or education; written or v									
For which I am applying.			- F	<b>Fy</b>	, <b>-</b> J	<b>p</b> ·			g <b>j</b> - ~
ignature of Applicant-Requir	ed				<u></u>	ate			